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[Continued from page 115.]

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

DIGESTION.—This comprehensive subject we do not propose making a separate notice of, as many of the particulars connected with it are discussed in the course of these papers. It is, moreover, to be observed, that both the physiology and pathology of digestion are yet far from being accurately understood, physiologists and chemists varying almost daily in their views and their supposed facts, and perpetually questioning or qualifying each other's conclusions. The endless coinage, too, of novel and obscure names for alleged new substances and processes—the almost infinite additions of new physiological principles and products, said to be discovered in the secretions and the constituents of the solids and fluids—are so confusing, so unintelligible, and, not unfrequently, so seemingly incoherent with all our past and established observations, as to render impracticable and useless the task of attempting any sketch, which could be justly named a true one, of existing and received doctrines of the physiology of digestion. We would only here venture to remark, that we have but to examine, even cursorily, the violent, destructive, and complex chemical processes by which many asserted new physiological principles have been of late supposed to be discovered, to wonder that they were ever announced on the one hand, and received on the other, as scientific discoveries.

We have only further to remark, that in the *Lancet* for April 3d, of this year, we hazarded the conjecture that lactic acid might be ultimately found a physiological one. In a publication of the date of June 1st, of this year, M. Liebig appears to adopt the same view, which, however, he had formerly questioned; and now, strange to say, he doubts whether the hydrochloric should be regarded as a physiological acid, though he formerly recognized it as such!—so that M. Liebig must allow to be applied to him (after a slight alteration) the words of the Latin poet:—

“*Nos meatus, sicut ex ministris eum nobis.*”
Dysentery.—This disease consists of ulcerative inflammation of the glands and mucous membrane of the colon and rectum; sometimes, also,

of the ileum. This inflammation is attended with pyrexia, more or less violent ; or with fever, sthenic, malignant, or asthenic. Tormina, tenesmus, and stools more or less sanguinolent, characterize this affection.

These are the principal features of a disease which has every degree of severity and rapidity. Sometimes it differs little from a severe diarrhoea, with a few bloody streaks in the evacuations ; at other times, the enteric morbid action passes through the stages of inflammation, ulceration and gangrene, with frightful and uncontrollable speed.

The inflammatory action of dysentery is of a specific nature, as, indeed, every morbid process is to be considered which is capable of propagation by contagion or infection.

The causes of dysentery, like its species, seem to be various—often compound—several conditions or circumstances, subjective and objective as regards the patient, concurring to occasion the malady : such as seasons of the year, states of temperature, qualities of the soil ; such as moist emanations, bad food, bad water, &c. The treatment is, in some respects, not less various and complex than is often the character of the disease. Hence, it is my intention to avoid the example of some writers, who have both attempted (unnecessarily it appears to us) to give a full history of every conceivable variety and shade of the disease, and also to lay down the treatment for every such minute difference and degree of it—a task, useless even were it possible, since, however ample and precise may be our records of past species of any malady, these are only partially available in consequence of the constantly new phases which every disease and every case present. It is better, then, that our descriptions and rules should be as generic as possible, leaving the special applications of them to the experience, observation and extempore tact, of each practitioner.

One of the nicest points in the treatment of dysentery, and one that requires most prompt decision, is, whether or not bloodletting is to be used ? This measure is never, so to speak, an inconsequential one ; never leaves the patient as he was before it was practised. It either places him in greatly worse, or in greatly better circumstances ; and, hence, either to adopt or decline it, requires, in the practitioner, much and equal skill, and imposes on him corresponding responsibility.

He must consider the age, strength, and constitution of the patient ; the type of the dysentery ; whether the inflammation and attending fever are more those of common inflammation, or of a typhoid character ; whether the prostration is moderate, and such as might be expected, or disproportionately great, and early in reference to the duration of the disease and the date of its occurrence ; whether the pulse be rapid, oppressed, and indistinct, or slower, full and hard ; whether the aspect be simply flushed, or dusky, purple, livid ; whether the temperature of the patient's body be burning to the touch of another, and so felt by himself, or only moderately warm ; and in parts cold to the touch of another, and generally or partially chilly to the patient himself (which last augurs badly) ; whether the tongue be red, or yellow, or black ; these are the circumstances on which the practitioner must ground his diagnosis and

prognosis, and, conformably thereto, must have recourse to, or must reject bloodletting.

Even after the propriety of bloodletting has been determined, it is a matter for consideration whether phlebotomy, cupping or leeches, are to be preferred, and, as regards the two last, where they ought to be applied.

In general, the cupping will be best practised over the sacrum, or on the left lumbar region, or, finally, over or under the right hypochondrium. Leeches are most effectual far, when applied round the margin of the anus. The next most eligible situations are the perineum, or low in the left groin.

In all cases in which there is some degree of doubt as to the propriety of bloodletting, cupping and leeches are to be preferred, in the first instance, to phlebotomy.

The next point for consideration is, whether mercury is to be employed, particularly in a purgative manner? If the dysentery was not preceded by obvious inaction of the liver, and retention of bile; if the early discharges, after the incidence of the disease, were not clay-colored; if, finally, there is no evidence of actual biliary derangement, or of hepatic enlargement, hardness or tenderness, we can see no occasion for mercury in a purgative form. We must, however, remember, that dysentery seems often to be connected with chronic inaction of the liver, though the precise nature of that connection is not exactly understood, nor easy to conjecture. Certain, however, it is, that under no circumstances does the mucous membrane of the colon more readily take on chronic irritation, than in cases of inefficient action of the liver. Bile, healthy in quantity and quality, seems to have a sedative effect on the mucous membrane of the duodenum, ileum, jejunum and colon.

Diaphoretics are extremely important in dysentery. For the principle on which we should employ them, and for the best mode of doing so, I refer to what is contained in the eighth and ninth paragraphs of page eleventh of the *Lancet* for July 3d, of this year. (Page 112 of this Journal.)

As a diaphoretic, ipecacuan is almost universally recommended in dysentery, both by practitioners in this country, and on the Continent, for more than a century. I perfectly concur in the propriety of this, believing, as I do, that ipecacuan is, when given in sufficient doses, equally efficient as potassio-tartrate of antimony, and much less debilitating; and dysentery is a disease in which the vital power must be carefully husbanded. A drachm of the wine of ipecacuan in an ounce of the liquor ammoniae acetatis, in a warm decoction of barley or rice, every six or eight hours, until the dryness and heat of skin are fairly overcome, will wonderfully relieve the patient, and check the violence of the dysentery. To this, if torments and tenesmus are great, and if the bowels have been cleared by castor oil or sulphur, from ten to fifty drops of laudanum may be most advantageously added.

Though we must avoid mercury as well as every other drastic, as a purgative, yet some laxative is generally proper at the outset of the disease, to ensure the removal of scybala, &c. Colocynth and scam-

mony, especially aloes, must not be had recourse to ; the acidulous salts, as the tartrate and bi-tartrate of potass, and the potassio-tartrate of soda, are questionable, and often increase the tormina and tenesmus, and augment the bloody discharges ; for they denude the mucous membrane of the protecting mucus, as well as of the coagulable lymph which has been effused to repair those parts of the mucous membrane which may have been disorganized. Olive or castor oils are better far. Sulphur lotum, also, mixed up as a confection with honey, acts with equal gentleness and effect, as both a most mild evacuant of the lower bowels, a restorer of the mucous secretion, and a diaphoretic. These are almost the only laxatives which we would recommend in dysentery.

Having adopted the various means now detailed, and repeating them as may be necessary, we have not much else to do in dysentery than to wait the event. Of course, if amendment does not follow, a period of exhaustion and depression arrives, when stimulants must be had recourse to, but only on the principle of choosing a lesser to avoid a greater evil. Also, if the disease becomes chronic, flesh meat, animal soup, and wine, must be allowed ; to the old especially.

We have only to notice, in conclusion, *lavements*, with what M. Mondière calls *albuminous water*, and which he alleges to be *specific*, in dysentery. This water consists of the white of four eggs dissolved in two pounds of water. This is certainly a most harmless, and we may easily believe, a useful means. Nor will its efficacy be impaired by the addition of a few drops of laudanum.

Dysmenorrhœa.—In cases of painful menstruation, the state of the bowels—more particularly of the cæcum and colon—must be inquired into. If costiveness or accumulations are present, especially in plethoric subjects, compound infusion of senna, along with the neutral salts, are indicated. But if the female be exsanguine and weakly, the compound infusion of gentian is to be joined to that of senna, should the bowels be torpid, while if these act sufficiently without medicine, tonics alone, as gentian, quinine, &c., combined with myrrh or zinc, one or both, are to be ordered in the inter-monthly periods. In all cases of dysmenorrhœa, whether occurring in plethoric or exsanguine subjects, hot hip-baths, on the day preceding the expected discharge, and on the two first days of its occurrence, are proper. In both subjects, also, the pain will be relieved by frictions on the sacrum with the opium and soap liniment, or with liniments or plasters of belladonna, stramonium, &c. Of course, if an organic cause accounts for the dysmenorrhœa, and the uterus itself is the seat of disease, other means are necessary, but the notice of these comes not within the scope of these papers. M. Pigeaux recommends a pill, morning and evening, of half a grain of opium and three grains of camphor, as an anodyne, in cases of dysmenorrhœa. The writer has known one or two cases of dysmenorrhœa, in which the menses came from the stomach.

Eneſis and Eneſtic.—Though, in cases of incipient fevers, inflammations, &c., and in other diseases, emetics are extremely valuable, yet, in the treatment of derangements of the assimilative organs, their use is

limited to disengaging the stomach of indigestible or undigested ingesta, or of morbid secretions. We think it in some degree questionable, whether emetics ought to be given to relieve bilious congestion of the liver, or an impacted state of the duodenum; and far more, of the contents of the ileon. Perhaps the contents of the stomach only are the proper objects of emetics; whatever lies beyond the pylorus, of purgatives. Regurgitation from the distal side of the pylorus is violent; and if that part be naturally narrow, or rendered so by congestion of its mucous coat, from chronic irritation, by scirrhus, &c., the local evil may be much augmented, and fatal consequences may even ensue.

When an inordinate or a crude meal has inadvertently been taken, whether by a child or an adult, and there is urgent oppression and uneasiness, perhaps dyspnoea, palpitation, &c., an emetic is the most ready and succinct mode of relief. The stomachs of infants and children should never be allowed to remain long in the loaded condition now spoken of; more particularly, they ought never to be sent to bed in this state, since the determination of blood to the head of one single night so passed, may induce convulsions, or meningitis, or commence a chain of action issuing in hydrocephalus. With infants and children, too, if properly supported and managed during the act of vomiting,* and if compelled to swallow previously enough of fluid, emetics are always safe, and (unless, of course, too frequently resorted to) always useful. In the case of adults, they must be used with more reserve.

In cases of plethoric persons, at or past middle age, while the dangers from an oppressed stomach, especially if one goes to sleep in such a state (to this cause, doubtless, many nightly apoplexies are owing) are not small, yet their removal by emetics is not free from risk, since determination of blood to the head, cerebral congestion, pulmonary haemorrhage, are hazarded, more or less. Such persons should, therefore, put up with the inconveniences of repletion, and patiently wait the slower relief of a purgative.

Emetics are, of course, contra-indicated in advanced pregnancy, and in women apt to abort; in all cases of hernia; in prolapsus of the uterus; in cardiac disease; in acute inflammation, with enlargement of the liver; in acute gastritis, duodenitis, enteritis; in pleuritis, or peritonitis; in suspected scirrhus of the pylorus, &c.; and in persons much debilitated, from whatever cause, and in whom syncope might be easily induced.

We have said that we think it questionable whether emetics should be given with the view of relieving a presumed loaded state of the liver. When, however, the bile has spontaneously regurgitated into the stomach, and caused vomiting, but only scantily, and with difficulty, there can be no question of the propriety of promptly ordering an emetic, and the plentiful imbibition of hot fluid. And it is to be observed, that often in such cases, a large quantity of bile, which had apparently been congested in the liver, is got rid of speedily, and with relief to the patient equally instant and complete.

* Thus, nurses and servants should be instructed not to press forcibly on the abdomen of children, when in the act of vomiting, lest umbilical or other rupture be caused.

We have at various times met, in practice, with cases characterised with great want of appetite and nausea, and in which the tongue, without being either morbidly red or furred, was coated with a thick and tenacious mucus, not unlike a thick solution of gum. Assuming that the gastric mucous membrane might be in a similar state, I have tried emetics, and, in several cases, found my conjectures verified by the expulsion of much inspissated mucus, followed by the removal of nausea and the restoration of appetite. A recurrence to the remedy was, however, several times necessary, at intervals of ten days; but the intervening administration of small doses of the carbonate of magnesia, and a mixture containing infusion of hop, borate of soda, and muel boracis, with (at least in some cases) a drachm or two of the sulphate of soda, cured the affection.

In cases in which I am curious to know the state of the gastric secretion, an emetic solution of potassio-tartrate of antimony, from its colorless nature, best supplies this information.

A disposition to vomiting, if depending on scirrhus, ulceration, &c., of the stomach, demands a treatment secondary, of course, to its cause. But sometimes vomiting may be called idiopathic, and arises from some lesion either of the muscular or sentient innervation of the organ. Such cases will frequently yield to the use of the metallic salts and vegetable bitters and sedatives in conjunction, as the oxide and nitrate of silver, the carbonate and sulphate of iron, the oxide of zinc, the oxide and tri-nitrate of bismuth, joined severally with the extracts of hop, hyoscyamus, conium, belladonna, cannabis indica, or with the sulphate or hydrochlorate of morphia. Sometimes, however, such cases resist all treatment. In one of this obstinate kind, that of a young lady just about puberty, nothing succeeded, and fatal inanition was imminent. The patient was finally ordered to preserve the egested matters, and swallow them anew. This, I believe, for some time succeeded. The issue of the case I am not positively acquainted with, though, as far as my recollection goes, a cure gradually and spontaneously took place.

The only emetics which we recommend or use in ordinary cases are ipecacuanha and the potassio-tartrate of antimony. In common cases, and in persons, whether young or old, the latter, in solution, while very convenient, is also perfectly safe, and it is preferable to ipecacuanha in the fevers, and inflammations of the young and the robust. In more delicate, or in debilitated persons, the latter is more appropriate, and it has the advantage over the other, of generally acting as a gentle laxative, as well as an emetic.

It may be useful to mention, that tannin and its preparations are incompatible as regards the potassio-tartrate of antimony, and that the infusions of cinchona and galls counteract it.

M. Larroque alleges that his peculiar treatment of croup, by emetics, has been so successful that he has never lost a patient. It is as follows: he first, and without a moment's delay, lets blood locally and generally; then applies a large blister to the fore and upper part of the chest, and gives the potassio-tartrate in doses of one, two, or three grains; and all

this within the hour! He then carefully inspects the vomited matters, and if he perceive in them any false membranes, confidently augurs a happy event. But he continues, and repeats the emetic even, in some cases, nine times in the twenty-four hours! By this heroic treatment he succeeds, if we are to credit him, in ultimately bringing away large quantities of false membrane.

Emetics, we need not remark, ought never to be given without large accompanying doses of water, unless in certain cases of poisoning, when this rule requires some modification.

Magendie recommends what he calls a vomitive tablet for the use of infants, whom it may be difficult to persuade or compel to take an emetic otherwise. It is composed of about a scruple of emetine (a peculiar extract from ipecacuanha) and about one ounce and a half of sugar, and as much as may be needed of a mucilage of gum tragacanth. This mass is divided into tablets or lozenges of about a scruple each. One is a dose for a child of three years. We should fear some uncertainty both in the preparation and in the dose of this article, and particularly we should dread the administration of it unless the child were immediately persuaded or compelled to swallow some fluid. Perhaps the simplest mode of giving emetics to infants is to dissolve a minute quantity of tartar-emetic in the milk or tea which they are accustomed to use, and to seize the moment when thirst disposes them to drink freely.

Emmenagogue.—Properly speaking, the only emmenagogues which we require to notice in this series of papers are such as are addressed to the digestive organs, or have reference to the deranged states of the bowels, &c. Oftentimes we find that the bowels and uterus are simultaneously in a torpid condition, nor is it always easy to determine which of the two affections is the casual, and which the consecutive one. At any rate the propriety of ensuring an efficient action of the bowels, in every case of amenorrhœa in which they are constipated, is obvious, and it is equally certain, that often the re-establishment of a regular alvine discharge leads to a resumption, by the uterus, of its suspended function. The various kinds of emmenagogues, and the circumstances in which they are appropriately resorted to, are pointed out under the heads of Amenorrhœa and Chlorosis, to which we refer the reader. (See Nos. 2 and 15, vol. xxxvi., of this Journal.)

Enema.—The objects of enemata are, to remove feces or worms; to dilute acrid secretions, or sheathe the rectum and colon against them, or else, by an anodyne effect, to deaden the pain of them; to abate spasm or pain in distant organs, in cases when it is not expedient or possible to give opiates, &c., by the mouth; occasionally to put an end to antiperistalsis; and to convey nourishment, when, from temporary or permanent occlusion of the oesophagus, pylorus, &c., aliment cannot be administered at all, or in sufficient quantity, by the stomach.

The consideration of glysters, for the purpose of reducing hernia, luxations, &c., does not come within the scope of these papers.

As a means of obviating the necessity of taking purgatives by the mouth, I once thought more favorably of injections than I do now. I

have had occasion, of late, to know of several cases of relaxation of the mucous membrane of the rectum, accompanied with imperfect or complete prolapsus, which were undoubtedly owing to a continued use of the enema. In one or two of these cases there may have been blame, on the patients' parts, in using the injection either too hot, or too strongly medicinated; but not so in others of the cases. The relaxation and prolapsus were got rid of by an abandonment of injections, and a return to purgatives; among which rhubarb seemed to be the one which operated most efficiently in restoring the tenor of the rectum.

Enteritis.—By enteritis, in the simple meaning of the word, may be understood intestinal inflammation; but whether of the small or large bowels, or of both, the word does not indicate. Perhaps it is generally understood as referring to inflammation of the small intestines. Again, by enteritis, is usually understood inflammation of all the coats of the intestines—at any rate, of the mucous and muscular coats; but in the following notice we propose to limit our observations to what is called *enteritis mucosa*—that is, inflammation of the mucous membrane only, and that chiefly of the ileum. Some have supposed that they were enabled to distinguish, during the patient's life, between what is called erythematic and follicular inflammation of this bowel; and although in some cases our diagnosis that the follicles were the chief seat of disease, proved correct, yet in general we subscribe to Canstatt's opinion, that distinctions so nice are more easily drawn on paper than in practice.

Chronic mucous ileitis (it is the chronic form we are generally called on to treat) is characterized by a constant or occasional dull uneasiness midway between the pubis and umbilicus, with periods of exacerbation from an hour and a half to four or five hours after meals. This is occasioned by fecal or imperfectly chylified or gaseous matters passing through this irritable part of the intestine. These usually push before, or carry with, them a quantity of inspissated and apparently semi-purulent mucus, secreted by this suffering portion of the gut; and the detection of this in the stools will materially aid us in the diagnosis.

The most of the cases of this by no means rare affection which have come under our notice, have been caused by aliment too rich and too stimulant, more particularly by the too free use of wine; by chronic and neglected derangement of the bowels, or by moral anxiety and harassment. It is a form of disease by no means easily or readily cured, lasting often several years, and never removed, unless the patient withdraws himself, or is withdrawn, from the circumstances inducing it.

The utmost severity, as regards diet, is indispensable. Unless the age, habit, or constitution, of the patient require it, wine, spirit and malt liquors, cider, &c., must be absolutely forbidden. All crude and acidulous food and drink, as fruits, pastry, &c., are objectionable. Water and tea should be the only drink, besides milk, which, if agreeable to the patient, is peculiarly appropriate in this affection. Farinaceous aliment, as rice, arrowroot prepared with milk, eggs, mutton and fowls, in soup or otherwise, ought to form the principal articles of the patient's diet, which must be carefully regulated for many months, and even for years. The

medicinal treatment must be mild, like the diet. Unless fulness and tenderness in the hepatic region, and pale stools, indicate the use of mercury, there is no need for prescribing it; or, at least, this will be required only very occasionally, and with a view of promoting the mucous secretions of the bowel; and then the hydrargyrum cum creta or cum magnesia is to be preferred; but castor or olive oil, or sulphur lotum, are more eligible, the latter being mixed well with honey. An infusion of taraxacum, formed from an ounce of the sliced root in a quart of water, and boiled down to two thirds or so—of this (to which half an ounce of the borate of soda may be added, and some of the mel boracis) six or eight ounces may be taken daily. The borax, however, is only to be used if the stools are preternaturally fetid; otherwise the infusion of taraxacum is to be employed by itself, or only with so much of the compound infusion of senna as will carry it forward towards the lower bowels, and prevent its entire absorption before reaching the seat of disease. From the writer's experience of the remarkable benefit often derived from the nitrate of silver in chronic mucous gastritis, he would augur equal advantage from it in mucous enteritis of the ileum, provided it could be brought in contact with the mucous membrane of that part before it was decomposed by the mucus of the superior portion of the intestinal canal; but so promptly does this decomposition take place, that we believe nitrate of silver to be useless as a local internal remedy beyond the stomach.—*Lancet.*

ON RISING TOO EARLY AFTER CONFINEMENT.

By Wm. M. McPheeers, M.D.

We have ever found it difficult to impress upon females the importance and absolute necessity of remaining for a sufficient length of time after confinement in a horizontal position, and keeping perfectly quiet. Imprudence in getting up too soon, often entails upon the unfortunate patient, months, and even years, of suffering, which might have been avoided had she listened to the advice of her physician, or to the suggestions of common sense. We are satisfied that the practice of getting out of bed too soon after confinement, is very general in our community, and hence it is that such a very large proportion of our female population suffer with prolapsus and procidentia uteri, as well as from other uterine affections, which subject them to the necessity of wearing pessaries, or to the use of those fashionable, but in our opinion very objectionable, instruments, utero-abdominal supporters. Sometimes this imprudence is attributable to the want of proper precaution on the part of medical advisers, but more frequently it is owing to the folly of patients themselves. On the third or fourth day after parturition, a patient who is "very smart," feels able to sit up in bed, or in an easy chair, and in spite of all that the physician can say, she will, in his absence, sit up for the purpose of changing her clothes, or get out of bed altogether, that it may be made up, and not unfrequently walk across the floor, by way of testing her

strength. A moment's reflection must convince any one of the impropriety of such conduct. The enlarged and engorged condition of the womb, the great relaxation of the abdominal muscles, of the vagina, and of the broad and round ligaments, all tend, under the circumstances, when the body is brought into an erect posture, to force the uterus down into the vagina, and frequently through the vulva. Again, on the third or fourth day after delivery, it is the practice of most physicians to administer a dose of castor oil, or some other mild cathartic, for the purpose of securing an operation from the bowels, which are usually torpid up to this time. Under these circumstances, patients, especially those who "feel smart," instead of using a bed-pan, and evacuating their bowels in a horizontal position, will get up out of bed, and use the close stool, and thus bring about the evils of which we have just been speaking.

These remarks are called forth by two cases which recently occurred in our own practice, where our patients were guilty of the imprudencies here spoken of. In one of the cases, in which we attended in consultation with a medical friend, the labor was prolonged and difficult, and it was necessary to remove the child by means of instruments. It was a first confinement, and the woman had been some fifty hours in labor before we saw her. Her strength was well nigh exhausted, and it was with difficulty that she could be sustained during the operation, which, however, terminated favorably, and the patient was put to bed, with strict injunctions to keep perfectly quiet. On visiting her on the third morning after, we found that her bowels had been very much out of order during the night, that she had been up several times on the close stool, and had suffered very much with straining efforts. During our visit she complained greatly of pain, and uneasiness in the region of the vulva, and on examination we found the uterus highly engorged with blood, and of the size of one's fist, protruding entirely through the labia majora. The second case was that of a young athletic woman, also in labor with her first child, but she got along well. On the third day, the bowels not having been moved, a dose of castor oil was administered, and the patient, contrary to our express directions, got out of bed when it came to operate. The consequences were similar in kind, though not in degree, to the case just mentioned.

In very many instances like imprudencies are not followed so immediately by bad consequences, but it is invariably the case that those who are guilty of such folly, are made to suffer for it, sooner or later. Often, too, the bandage, instead of being pinned tightly around the hips, for the purpose of supporting them, and being made to press from below upwards, slips up, gets in a string, and acts as a ligature around the abdomen, pressing downwards, and consequently doing positive harm instead of good. Too much attention cannot be paid to the subject of bandaging. In the first instance it should be applied and properly adjusted by the physician himself, and he should instruct the nurse how to tighten and keep it in its proper position, and it should be worn long after the woman gets out of bed, and until the parts have resumed their natural tone and strength. The material, too, out of which the bandage

is made, is worthy of consideration. Of all the articles in common use, we prefer the flannel, doubled, and of sufficient width to extend from the middle of the hips to the umbilicus ; it possesses the advantages of being soft and somewhat elastic, and can be brought to fit the irregular surface around which it is intended to pass.

A patient, after giving birth to a child, however easy or natural a labor she may have had, should remain perfectly quiet on her back for at least two or three weeks, at the end of which time, provided everything goes on regularly, she may be allowed to sit up cautiously in bed, and gradually remain for a short time out of bed, in a sitting posture ; but, as a general rule, they should not be permitted to rise from their beds under three weeks, and frequently not so soon. This rule may seem a little stringent to those who have been in the habit of getting up at farthest on the *ninth day*, and often walking all over the room long before that period ; but time would be saved by observing it, and patients would save themselves an immense amount of subsequent pain and unhappiness.

We are aware that our suggestions contain nothing new or original, but the subject is one of vast importance, and which is too much neglected —it is therefore necessary to add “line upon line, and precept upon precept.” The health and comfort of the female sex is so intimately identified with our own happiness, that whatever affects them materially, concerns us ; and we are satisfied, that if due attention was paid to their proper “getting up” after confinement, we would not see so many young and lovely wives suffering with uterine affections—pale and anæmic, and unable to take the least exercise, or even to attend to their ordinary household affairs, without the greatest pain.—*St. Louis Medical and Surgical Journal.*

SURGICAL CASE AT THE BATTLE OF BUENA VISTA.

By A. M. Blanton, M.D., Surg. 2d Ky. Regiment.

On the morning of the 23d February, when the left wing of our army was compelled to fall back, Lieut. John Merrifield, Ky. cavalry, before his regiment had moved a hundred yards, was shot through the arm. The ball entered posteriorly, about two inches above the insertion of the deltoid muscle, passed through and cut the brachial artery on its axillary side. A tremendous hemorrhage ensued, and he came directly to me, not a dozen yards distant. His danger was evident, and he was directed to gallop to a ravine a few paces in front, out of reach of the bullets ; but when we had reached the place, before I could take hold of him, the regiment was parallel with us, and the Mexicans in the rear and firing, so as to render the position untenable. I now directed him to bear off to the left from the line, that every one else was taking, and running another hundred yards, we got behind a little hillock, when I took hold of him, and he fell across my horse's withers, unable longer to maintain his seat unassisted. I pinched up his coat sleeve, on each side, so as to

make two compresses, pressed them against each orifice, and applied a roller from the elbow up as tight as I could draw it. After the roller was four or five layers thick, the hemorrhage was entirely arrested, before which his blood was dripping fast from my horse's fetlocks, having saturated the end of the saddle blanket and his mane. We were now obliged to move immediately, and after going a short distance, I discovered that he revived and would be able to reach the hospital, three hundred yards off, so it was pointed to him, and I re-joined the command to which I was attached.

He reached the hospital, was taken from his horse, and described the nature of his wounds, when one of the surgeons applied a very tight roller from the hand to axilla, without a recurrence of the hemorrhage. I did not see him again until the 25th. He was doing very well, with the first dressing untouched; pulse at the wrist imperceptible.

Nothing of any interest afterwards occurred in this case, except that a pulse in the radial and brachial arteries could be felt faintly beating, on the 2d March, which gradually strengthening, is now, April 1st, nearly as strong and full as that of the other arm. About an inch above and below the wound the artery does not appear to contract, but to let the blood flow on through it without interruption.

In the above case, I am certain that the brachial artery was cut, perhaps half of its circumference; that the amount of blood lost, under other circumstances, would have caused the man to faint, before we had stopped, but his high state of excitement enabled him to bear the copious, hemorrhage; that if the wound had been made by a cutting instruments he would have died anyhow, but the life or contractility of the artery was destroyed by the ball; that the circulation in the artery for a few days was nearly arrested; and, finally, that the wound healed, the artery gradually regained its tone, and the blood circulated in it as before.—*Western Lancet.*

EFFICACY OF OX GALL IN REMOVING IMPACTED FÆCES.

By Edward Vanderpool, M.D., of New York.

I WAS requested to see W. J. B., aged 40 years, of full habit, who was suffering from pain and great distress in the right iliac region, preventing rest and sleep, and causing constant moaning. He had been confined to bed a fortnight with these symptoms, during which time he had been treated antiphlogistically for peritoneal inflammation; calomel cathartics and castor oil had been repeatedly given, producing only a very slight fecal evacuation each day; cal. and ipecac., and cal. and Dover's powder had been continued in small doses; his mouth had been touched for more than a week; leeches had been repeatedly applied; and a blister at this time was vesicating the part. This afternoon mucus appeared with the discharge, unaccompanied by tenesmus, skin soft and clammy, tongue pale and moist, pulse 80 and soft, natural rotundity and softness of the abdomen, except the right iliac region,

which was preternaturally full. A hardness was here discoverable as of a tumor lying deep in the abdomen, occupying the seat of the caecum and ascending colon, which was very painful upon pressure. Upon inquiry as to his previous health, he said that for the last two and a half or three years he had been subject to frequent colicky pains, for which he would every week or two take a cathartic dose of calomel at night, and follow it with salts in the morning. A small motion would be the only result, with the invariable feeling of not being relieved. Diagnosis, distended caecum and ascending to the transverse colon, with incipient ulceration of the mucous membrane at this part. *R. Fel. bov. inspissat. gr. iv. Ft. in pil. No. 1.*

Give two pills three times a-day, and enemata of diluted beef's gall to the amount of two quarts night and morning; broth and farinaceous drinks. The first enema extended to the part affected and produced a quantity of scybalous faecal matter, such as he had not been accustomed to see, with some mucus. Some alleviation of his distressed feelings followed this evacuation. The enemata was repeated the next morning and evening with the effect of an increased quantity of old faecal matter and less pain afterwards in the iliac region. Considerable exhaustion following the morning enema, it was thought better to omit it in future, and give two pills four times a-day at regular intervals, and use the injection at bed-time. This course was pursued for ten or twelve days, resulting with a voluntary faecal evacuation in the morning, which had the appearance of long impaction, and a quantity of the same in the evening, believed by the patient to have been by him two years. The abdominal distress abated as this old faecal matter passed off, and the mucus daily lessened in quantity. He convalesced steadily, without any other medicine, and was soon discharged cured.—*New York Journal of Medicine.*

HYDROMETRA, OR UTERINE DROPSY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—If the following case is of sufficient interest for publication, it is at your service.

Mrs. B., aged 58, the wife of a respectable farmer, and the mother of several children, had, from her youth up, enjoyed tolerable health, until last winter, when she was attacked with acute pain in the hypogastrium. Supposing it to be colic, she took a cathartic, which afforded her relief, and in a few days she was able to follow her accustomed avocation. She had several attacks subsequently, but up to March 1st, the day when I first saw her, she had been relieved by cathartics. She at that time complained of pain and uneasiness in the hypogastrium, interruption of digestion through loss of appetite, costiveness, and diminution of urine. There was still tenderness on pressure, but no tumor was detected, nor were there any unnatural discharges from the vagina. No examination was made per vaginam. Bloodletting, followed

by an aperient and an anodyne, with counter-irritation, afforded her immediate relief. From that time to the commencement of her last illness, which took place August 5th, she had attacks of pain, but not sufficiently severe to require medical aid. Anodynes relieved her. On the evening of August 5th, after having been exposed to cold, her pain returned with more than ordinary severity. She was again partially relieved by anodynes, and was able to ride home, a distance of two miles. But this was of short duration. The pain returned, the pulse became small and quick, the skin dry and hot, the tongue furred, appetite bad, and bowels irregular. At this time an enlargement of her bowels was observed. They were, perhaps, one third larger than natural, and gave the appearance of being tympanitic; yet percussion yielded a dull sound. An indistinct fluctuation was perceptible, and pressure excited pain. She died on the 21st August.

Autopsy, eight hours after death. Present, Dr. Bealls, of Sunderland. On dividing the integuments, the uterus was found firmly adherent to the parietes of the abdomen, and occupying nearly the whole cavity. It had mounted above the umbilicus, and crowded the intestines into the superior and posterior part of the abdomen. The fundus and its peritoneal covering were partially sphacelated. An incision was made into it, and we removed, as nearly as we could judge, six quarts of dark-brown serum. It was thickened throughout its whole surface, but no morbid deposit was noticed. The *cervix uteri* was completely obliterated; no trace of it could be discovered. The left ovary was of the normal size, the right considerably hypertrophied. The liver of the natural size; the gall-bladder distended with deep-colored bile; the stomach healthy; the jejunum and ileum in a state of sphacelation.

It will be seen that this case corresponds, in most particulars, with that related by Dr. A. T. Thompson, in the *Medico-Chirurgical Transactions*, vol. xiii., part 1st, page 170, although the evidences of disease of other organs were not so clear as in his case.

Wm. DWIGHT.

So. Deerfield, Mass., Sept. 24, 1847.

INHALATION OF ETHER.

To the Editor of the Boston Medical and Surgical Journal.

I THINK we have had enough of the ether war—a war of words—and I beg you will put an end to the controversy by publishing the following note, copied from the addenda of “ Braithwaite’s Retrospect of Practical Medicine and Surgery”—a work, by-the-by, that should form a part of every medical library. I hope, henceforth, the modern discoverers of *ether inhalation* will hide their diminished heads, and forever hold their peace.

“ Dr. Richard Pearson, who, in 1795, was, I believe, the first person that recommended the inhalation of *sulphuric ether* as a therapeutic agent (see his account of the nature and properties of different kinds of airs, page 24), suggested, also, the use of it impregnated with opium,

squill, cicuta, &c. ; and he speaks of the effect of 'an emetic given in this manner.' He employed the simple sulphuric ether vapor in some cases of phthisis, asthma, hooping cough, croup and catarrh, recommending it to be inhaled, after being rectified and washed, from a cup, through an inverted funnel, or with children, by 'wetting a handkerchief with it, and holding it near the nose and mouth' (the very means, I may add, now recommended and used by the *modern discoverers of ether inhalation*). See Forb. Simmons's *Medical Facts and Observations*, vol. vii., p. 96. In the 13th volume of the *Dictionnaire des Sciences Médicales* (1816), p. 385, Nyssen has described a particular apparatus, like some of our modern forms for the inhalation of sulphuric ether. See, also, volume xvii., p. 134."

After this, we may well exclaim with Solomon, "There is nothing new under the sun."

Yours, &c.

A. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 6, 1847.

Ricinic Acid.—A gentleman with whom we have been conversing, speaks with such enthusiasm of the active cathartic properties of a new article prepared from the common castor oil, under the name of *Ricinic Acid*, that it would seem the subject should receive immediate attention from the chemists. He mentioned Dr. Tully, of New Haven, Conn., who knew most of the marvellous character of the new purgative, which is said to far exceed, in activity, any thing else in the whole range of the *Materia Medica*. "A mere drop applied to the tip of the tongue," says Dr. Mitchell, of Portland, Me., "will move the bowels with certainty, and with a rapidity quite unknown before." Should any one, sufficiently acquainted with the subject, favor this Journal with the facts in the case, that physicians may know to whom they are indebted for such a potent drug—the mode of making it, the process of administration, the dose—and, lastly, designate the place where it is to be procured, a special favor will be conferred. Dr. Tully's great attainments in domestic medicine, and indeed in every department of science to which his attention has been directed, leads us to hope that there is something in reserve, through his instrumentality, that may be of consequence in regard to the *Ricinic Acid*.

New Disinfecting Fluid.—From the notes of travellers, and various paragraphic observations in popular Journals in Europe, it might be inferred that a magnificent discovery had been made by a certain learned Monsieur in France, which was strong enough to keep off all common causes of disease, arising from the free emanation of gases, having their origin in the ordinary decomposition of the things of a perishable world. To give this wonderful composition immediate eclat, governments seem to have been furnished with sample bottles, for the express purpose of furnishing a certificate in its favor, after the manner of the times in smaller operations,

as practised by dealers in quack remedies. John Bull has already been caught in the trap, and, much to the scandal of all orthodox practitioners in her Majesty's dominions, the Anti-Febric Fluid has been uncorked in Canada to annihilate the ship fever; but, lo! the pestilence paid no kind of respect to its diplomatic powers. On the contrary, the disease has revelled, uncontrolled, on the very spot where the precious drops were sprinkled the most liberally.

The chloride of lime was first introduced into Massachusetts, in the character of an undoubted exterminator of the causes of certain infectious distempers, at the time when the alarm of cholera first broke forth. People were frightened, and almost refused to be comforted—such were the reports that reached them from foreign countries, where the work of depopulation by cholera was going on. Many, however, discovered an unsailing protection of the whole community, in a single cask of that extraordinary powder. In a word, a strong faith was accomplishing wonders, by fortifying whole regiments of sensible people against the severest assaults of Asiatic cholera, provided they had an ample supply of chloride, when, in a single moment, their fancied security was dissipated, and their hopes crushed. A schooner, on its way from New York to Boston, had the misfortune to have the disease break out on board, and several hands died of it—and yet the vessel had thirty-six barrels of chloride of lime in the hold! The antidote has not been resorted to since, in this vicinity, to keep an epidemic at bay.

Very soon the French fluid will be trumpeted by those who trade in nostrums. If the genuine Paris manufacture does not arrive to meet the demands of the market, there are scores of ingenious fellows who will imitate it in color, taste and smell—not forgetting the price—so that it will be next to impossible to ascertain which is the true cheat.

Our motive in these observations is to forestall the imposition that awaits us, since a plan for conducting the business on a magnificent scale, is quite probable. Medical men, of all others, are bound to speak out their sentiments on occasions when health, and whatever belongs to it, is made a topic of public discussion, and especially when cunning individuals impose upon a whole country in order to profit by the credulity or ignorance of its inhabitants.

Doctors of Dental Surgery.—A correspondent, in last week's Journal, indulged in some spleen against, as we suppose, an institution in which we have often expressed entire confidence. We are inclined to think that if he were to know more of it, and the gentlemen who are identified with it, his views would be modified and his prejudices overcome. It is not our province to dictate to correspondents what they shall write, nor how they shall express themselves, as we recognize the principle of a free press; but there is no denying the fact, that soft words sometimes turn away wrath.

Wood's Quarterly Retrospect.—Messrs. R. & G. S. Wood, publishers, New York, have sent out a specimen No. of a new periodical, called "Wood's Quarterly Retrospect of American and Foreign Practical Medicine and Surgery." This No. comprises 64 large octavo pages, and the price is one dollar a year. Being quite sure that the price is too small to pay even for the press work and paper, the only way by which it appears

possible to sustain it, is to make it the bearer of numerous advertising sheets, and also to connect it with the publishers' reprint of the Medico-Chirurgical Review, thus Americanizing, as it were, that already popular work. These retrospects are peculiar to the present day: who ever heard of a journal exclusively devoted to the extraordinary business of re-printing what has but just appeared—even before it has had time to be read—till this invention of *retrospective half-yearlies and quarterlies*? Being friendly to every praiseworthy enterprise, especially if it relates to our profession, we trust that Wood's Retrospect may succeed—beseeching the editor, whoever he may be, to select from sources that will command respect from those conversant with the current medical literature of the times. We wish it had been possible to make up such a work from American authorities, and no others. Ranking's and Braithwaite's half-yearly abstracts are foreign, almost to a fault, which seems to render it unnecessary to issue any more matter in the form of *synopsos* from foreign works. Perhaps the second No. will show the practicability of collecting American opinions in medicine and surgery, as rules of practice, to a far greater extent than characterizes the first. Such a manifestation of patriotism would raise up an additional number of friends to the work.

Diaphragm Filter.—Every family in a city, and everywhere else, habitually in the use of water that comes through aqueduct pipes, would be gratified with the changes effected by this simple instrument. Why it happened to be christened with its present hard anatomical name, is an enigma; but the manner in which it effectually detains living animalcules and vegetable remains, or whatever contributes to the impurity of potable water, meets general approval. Filters have usually been clumsy, complicated things, costing too much to be extensively adopted; but Mr. Jennison's invention far outweighs any brought to our notice, on account of its simplicity of mechanism, being never in danger of getting out of order—and if it should, the remedy is to invert the box. Long Pond water will soon be wending its way through the iron pipes in Boston, and it is admitted that the best of water, from lakes or rivers, is vastly improved by passing through these purifying machines. It screws on readily, even to the barrel of an ordinary pump—indeed, wherever needed, there it may be attached. Mr. Thacher Beal, 451 Washington street, a man of intelligence, both explains the principles of their operation and provides them for applicants.

Effects of Blisters on Young Subjects.—We have been accustomed to view John B. Beck, M.D., of the New York College of Physicians and Surgeons, through his systematically-written pages, as one of the most eminent teachers in America. It is needless to refer to his researches in medical jurisprudence, to substantiate this opinion, since that work is extensively known. One of the latest papers from his pen is on "The Effects of Blisters on Young Subjects." He arrives at this conclusion, viz., "that blisters are much more powerful in their agency upon the young subject than upon the adult. They operate with more rapidity, cause a greater degree of irritation and constitutional excitement, and their operation is frequently followed by consequences which rarely occur in the adult." Again, "in nervous and irritable habits, I have myself seen a

state of things thus induced, little short of frenzy." Further, "there is an opinion prevalent—how it originated I know not—that blisters are innocent remedies; if they do no good, they can do no harm. Now this is unquestionably a great error, and has been productive of vast mischief. Independently of the unnecessary suffering which they may occasion, they sometimes produce death by being the manifest cause of ulceration and gangrene, while in others they insidiously aggravate the disease they were intended to relieve." Finally, Dr. Beck evidently thinks blisters, especially on young children, are worse than nothing, and had better be let alone.

Medical Science among the Arabs.—"The measure relative to the admission into the medical school of Galata-Serail of sons of Israelitish parents, has just been put into execution. The number of Israelite pupils has been fixed at thirty-eight, and twenty have already begun to attend the courses. The school of Galata-Serail is more liberal, therefore, than the University at Oxford." It is not at all improbable that, before many years, the journals will teem with articles from educated Turks, Hebrews and Arabs. A spirit of inquiry already distinguishes the social state in the Sultan's dominions, and the study of medicine holds the first place among those who devote themselves to scientific pursuits. Perhaps the American missionaries have contributed to this good result, more than any other class of foreigners who have visited Turkey. Dissections are not only tolerated, but sought, and the government offers as much encouragement as does Ali Pasha in Egypt.

Boasted Knowledge.—Mr. Whitlaw, the inventor of the kind of vapor bath known here in New England, particularly, as the Whitlaw Medicated Bath, thus speaks of himself, in a letter, dated at London, Aug. 3d, 1847.

"A number of the members of Parliament wish me to make my discoveries known. My method of curing cancer, scrofula, mortification, and every description of cutaneous disease; also the mode of preventing and curing the diseases of cattle; and my system of agriculture, which I have no doubt you will be pleased with. I wish you and I could meet before I make my discoveries known to the public."

Extraordinary Animal Growth.—The N. Y. *Courier des Etats Unis* says that Mr. Glatz, of that city, has a child which affords an example of the freaks of nature as follows. "The child is hardly twenty-two months old, and is thirty-nine inches in height. Recently it grew five inches in three days, and then, after twelve days intermission, it grew four inches in a week. As the *Courier* is informed by M. Legrand, the French physician who attended it, the growth has been three inches in eight days. We add with regret that this abnormal development has exhausted the strength of the child, which is reduced to such a state that the circulation of the blood can be seen in its veins. It lives only by the nursing it receives, and they despair of raising it."

Ether in Mania.—In the licensed lunatic wards of the St. Marylebone Infirmary, Dr. Boyd has tried the inhalation of sulphuric ether in four

cases, one chronic and three acute, of violent mania, amongst females, with excellent effect, and without any unfavorable result. The tranquillizing effect was produced at various intervals of from two to ten minutes; at a time, too, when the patients were unusually violent. All of them appeared to become intoxicated. Before this effect was fully produced, their anger in every instance seemed turned to joy—a soporific effect was the utmost that was produced in any case. The patient in whom it was administered for the longest time, felt the prick of a lancet on the opening of a small abscess. Two of the patients slept well on that night. In the other two the effects were only temporary; one of them became talkative and troublesome again in a few minutes, but was less violent than at first. The ether was administered by means of a hollow sponge, just large enough to cover the mouth and cartilages of the nose, the opposite end of the sponge having been previously moistened with half an ounce of ether, the same that is used in the ether apparatus previous to operations. A sponge may be a more wasteful way of using the ether; but the difficulty of applying the instrument in cases of insanity would be often very great. Some who have opportunities may feel inclined to test the efficacy of ether in such cases as those above mentioned.—*Lancet.*

Medical Miscellany.—Dr. Harrison, of Cincinnati, has been transferred from the Chair of *Materia Medica* to that of Theory and Practice in the Medical College of Ohio, in place of Dr. Morehead, resigned.—Bowel complaints are quite common at the West.—Dysenteric affections, which have been very prevalent and fatal in New England, are subsiding; many deaths, however, still occur.—Lectures will begin at Willoughby Medical College, at Columbus, Ohio, on Wednesday, Nov. 3d. The Faculty is a strong body, in whom confidence has been reposed for many years.—Typhus fever continues to linger about the districts of Edinburgh and Glasgow, chiefly caused by Irish immigration. From 25th June to 17th August, no fewer than 26,335 Irish have arrived at Glasgow; of 1150 fever patients admitted into the hospitals then, 750 were Irish, 380 Scotch, 15 English, and 5 foreigners. Another Catholic clergyman, Dr. Sinnot, has fallen a victim to the prevailing typhus, having died last week at Greenock. The returning officer for the board at Glasgow has also been taken ill, his being the fourteenth case of attack on the establishment.—Dr. Quaranta, of Naples, has been commissioned by his government to publish, at the expense of the State, a description of the surgical instruments discovered at Herculaneum and Pompeii. The number of instruments discovered up to 1846, amounted to 284.

To CORRESPONDENTS.—Communications from Drs. Williams and Parker, and Cladon, are received.

Report of Deaths in Boston—for the week ending Oct. 2d, 111.—Males, 63—females, 48.—Stillborn, 4. Of consumption, 17—typhus fever, 10—disease of the bowels, 23—dysentery, 16—diarrhoea, 9—Inflammation of the stomach, 2—drowned, 3—Inflammation of the bowels, 1—infantile, 6—lung fever, 1—convulsions, 1—cancer, 2—accidental, 1—ulcers, 1—malaria, 3—croup, 1—disease of the heart, 1—cholera infantum, 2—disease of the kidneys, 1—scarlet fever, 3—disease of the liver, 1—hemorrhage, 1—pleurisy, 1—droopy, 2—paralysis, 2.

Under 5 years, 44—between 5 and 20 years, 13—between 20 and 40 years, 20—between 40 and 60 years, 13—over 60 years, 5.

Cod-Liver Oil in Struma.—Having mentioned the use of cod-liver oil in the stramous diathesis, I avail myself of this opportunity of corroborating the testimony of those (and, among the rest, of Dr. Bennett) who have extolled the use of this medicine in strumous diseases in general. I have seen it do what I never saw any other remedy effect, i. e. reduce to the natural size amygdala that were enlarged from the period of extreme youth. A most remarkable instance was that of a young lady, aged about 19, whose amygdala were as large as small walnuts, and which I treated without effect for two years, both by iodine internally, and nitrate of silver locally. A three months' course of cod-liver oil left no trace of the disease behind. Under the influence of this oil, the enlargement of the cervical glands in young persons of a scrofulous habit frequently disappears, and the tendency to the formation of phthisis and the recurrence of strumous haemoptysis is occasionally overcome. In persons of a consumptive tendency I consider this as a valuable addition to our remedies.

Having mentioned the spitting of blood that so frequently forms the first obvious symptom of consumption, a remarkable case is brought to my memory which I saw along with Dr. Stokes and Mr. Corr. It was that of a young man, a partner in an extensive manufactory in this city, who was attacked on his birth-day with a spitting of blood. The disease did not recur until his next birth-day, and thus he was attacked for several successive birth-days. The last haemoptysis ushered in the usual train of symptoms attending on galloping consumption. The recurrence of the symptoms on his birth-day evidently arose, not from any real periodicity in the disease, but from nervous and vascular excitement produced by apprehension.—Dr. GRAVES, in *Dublin Quarterly Jour. of Med. Science.*

BALTIMORE COLLEGE OF DENTAL SURGERY—Session 1847-8.

The Annual Lectures in this Institution commence on the first Monday in November, and end the latter part of February.

CHAPIN A. HARRIS, A.M. M.D., Prof. of the Principles and Practice of Dental Surgery.

THOS. E. BOND, Jr. A.M. M.D., Prof. of Special Pathology and Therapeutics.

W. R. HANDY, M.D., Prof. of Anatomy and Physiology.

AMOS WESTCOTT, A.M. M.D., Prof. of Operative and Mechanical Dentistry.

CYRUSUS O. CONE, D.D.S. Demonstrator of Mechanical Dentistry.

The College is furnished with every facility for a thorough Practical as well as Theoretical Education. Each student is required to devote from 4 to 6 hours of every day in the Mechanical and Surgical Departments.

Baltimore, Aug. 20, 1847.

Sept. 1.—ewt Nov. 1.

W. R. HANDY, Dean.

GENEVA MEDICAL COLLEGE.

The annual Course of Lectures at this Institution will commence on the first Tuesday of October next, and continue sixteen weeks.

Institutes and Practice of Medicine, by AUSTIN FLINT, M.D.

Anatomy and Physiology, by JAMES WEBSTER, M.D.

Obstetrics and Medical Jurisprudence, by C. B. COVETRY, M.D.

Chemistry and Pharmacy, by JAMES HADLEY, M.D.

Principles and Practice of Surgery, by F. H. HAMILTON, M.D.

General Pathology and Materia Medica, by CHARLES A. LEE, M.D.

The fees for the Course, \$62. Matriculation fee, \$3. Boarding, including the expenses of room, fuel and light, from \$1.50 to \$2.25 per week.

A Surgical and Medical Clinique is held daily through the course, at which a great variety of cases and operations are presented. The cabinet of Materia Medica is complete; and the Pathological department has been enriched by recent purchases at home and abroad. The most ample material for dissection will be supplied at all times at a reasonable rate.

New York, July 12, 1847.

July 21—epi O21

CHARLES A. LEE, Dean.

FRESH AND GENUINE DRUGS AND MEDICINES,

Of superior quality, carefully prepared for Physicians' use, and for sale on the most favorable terms, at 33 Fremont Row, Boston, by

Feb. 10.—15

JOSEPH BURNETT,

(Successor to T. Metcalf.)

DR. JARVIS'S ADJUSTER.

This newly-invented instrument for reducing fractures and dislocations—Also, single and double pad Glass Trusses, Reinhardt's manufacture, and Dr. Cutler's Abdominal Supporters, for sale by H. HUNT, Surgical Instrument manufacturer, 193 Washington street.

Sept. 28.—15